

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (B) - INFANTS AND CHILDREN TO AGE 2 (continued)

4. Unrestricted Access - The state assures that case management services will not be used to restrict the access of the client to other services available under the state plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under the program authorities for this same purpose.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

A. Target Groups

The Tennessee Department of Health has defined the target population as children in or entering State custody or at imminent risk of entering or returning to State custody. The target population includes Medicaid-eligible children to age 21.

Imminent risk is defined as follows:

Imminent risk is a status which, absent of intervention, will likely result in a child being placed in or returned to state custody. A child will be considered at imminent risk as long as there is one (1) or more factor(s) which would likely result in the state serving as custodian for the child. Imminent risk can occur prior to state custody in children who have encounters with the judicial system for acts of delinquency or unruliness, truancy, runaway, etc. (acts that are illegal according to law solely because they are performed by minors) or because of allegations the child has been neglected or abused. Imminent risk can occur after state custody when a child is being returned to the family unit on a trial basis after a period of state custody. Imminent risk will be deemed to not exist in the absence of a strong suspicion the child will soon be in state custody.

B. Areas Of State In Which Services Will Be Provided:

Entire State: X

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act. _____

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B). X

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PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

D. Definition of Services:

Targeted Case Management Services is a set of interrelated activities through which eligible individuals will be assisted in gaining access to needed medical, social, educational, residential, and other services. Case management activities will encourage the use of least restrictive residential environments and cost effective child services through referrals to appropriate providers. Case management services will discourage over utilization or duplication of costly services and will focus on the child. Case management services are designed to reduce or minimize the number of children in state custody and to utilize a community-based arena of service providers.

Specifically case management for this Medicaid-eligible target population will include the following:

1. Initial triage to determine potential risk of child entering state custody and services needed for the child to preclude custody;
2. Collection of assessment data history information, and medical, psychological, and related evaluations to identify the child's functioning levels and needs;
3. Completion of Assessment Protocol to determine the service needs of the child and his family based on child and family functioning, behavioral and health status;
4. Development of an individualized plan of care with child, custody department, parents, and appropriate others; modifications of plan of care as warranted;
5. Coordination of residential/placement services and/or transportation services;
6. Monitoring of plans of care to assess Department of Children's Services service delivery and child progress;
7. Periodic scheduled reviews of plans of care with appropriate individuals including discharge/release reviews;
8. Home, placement, community visits as needed;

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9. Maintenance of individual child case management records; and
10. Update of computerized assessment and service delivery data tools.

Because the needs of each child will vary and case management services are individualized, there is no minimum or maximum amount of time to be spent on case management services during the period the child is eligible for the services. Children who present with multiple problems and/or prior involvement with state care will likely require more extensive case management services. Case management services will be terminated three (3) months after a child is discharged or released from state care/custody, is determined to no longer be at imminent risk, and is successfully reunited with a family in a home or community. Case management is not the provision of medical care, but rather provides the necessary integration and coordination of medical and nonmedical care.

E. Qualifications of Providers:

1. The case management services shall be performed by clusters of individuals within a Case Management Team. Teams will consist of case managers, team leaders (supervisors), and coordinator with support staff. Team staff (case managers and team leaders) will possess bachelor's degrees and/or licensure and/or experience in the areas of social work, justice and correctional system, guidance counseling, assessment and referral, education, nursing, psychology, speech pathology, audiology, and other related areas. Experience working with high risk children and dysfunctional families is highly desirable for all of the case management staff. All providers of case management services will receive extensive initial case management training with regular ongoing training activities provided by the Department of Children's Services.

The team Coordinator manages one or more team Supervisors who coordinate the activities of Case Managers 1, 2, and 3. Teams will collectively recommend initial placement types based on documented needs. Case Management staff will rely heavily upon the multi-disciplinary backgrounds and input of team members.

The state assures that the case managers are people devoted specifically to this project and their duties do not duplicate the functions of social workers from the various state agencies.

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TN No. 92-9

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6/17/98

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PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

2. Provider Qualifications:

The Case Management Teams shall be considered to be serving a public purpose through improving and otherwise promoting the health of children in state custody or at risk of state custody. While the case management program will operate in all areas of Tennessee, the Case Management Teams must actively promote community support so that the children are able to receive services and remain in their own communities to the maximum extent possible. When it is impractical for a child to remain in his/her own community, the Case Management Team must arrange for services to be provided in other communities. In order to achieve these goals, providers must meet the following requirements:

- a. Providers must have a sufficient number of Case Management Teams to serve each area of the state.
- b. Providers must establish the Case Management Teams in the same geographic areas served by Community Service Agencies (CSAs). These service areas are described in Tennessee Code Annotated: Title 37, Chapter 5, Part 3 and include the major metropolitan areas of:
 - (1) Memphis and Shelby County;
 - (2) Metropolitan Nashville-Davidson County;
 - (3) Knoxville and Knox County; and
 - (4) Chattanooga and Hamilton County.

Additionally, Case Management Teams must be established in the eight (8) rural service areas where CSAs are established in order to provide a comprehensive network of coverage.

- c. Providers must have written policies, procedures, ordinances, or rules and regulations to govern their internal operation at each site and must make and execute contracts or other instruments necessary or convenient for the exercise of their duties and responsibilities. These documents must include a plan of operation which facilitates interaction between the Case Management Teams and the Department of Children's Services.
- d. Providers must comply with State and Federal laws governing the participation of providers in the Medicaid program.

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- e. Providers must be providers of Title V services or have an agreement with the State Title V agency for the provision of services to the target population.
- f. Providers must have qualified staff for each Case Management Team.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's freedom of choice of providers, in violation of 1902(a)(23) of the Act. There will be no restriction on an eligible participant's choice of case management providers, nor will case management services restrict an individual's free choice of providers for other plan covered services.

1. Options to Receive Services

The receipt of case management services will be at the option of the custodian of the child in the target population. No eligible child will be forced to receive case management service.

2. Free Choice of Providers

All eligibles will be free to receive case management services from any qualified provider of those services statewide. Even if the eligible receives all other Medicaid services from a clinic or in a particular county, the individual will not be limited to case management services from that clinic or in that county.

3. Provider Participation

All providers who meet the provider qualifications outlined in "E" above will be considered qualified providers for case management services.

4. Unrestricted Access

The State assures that case management services will not be used to restrict the access of the eligible to other services available under the state plan.

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March 1987

(BERC)

SUPPLEMENT 1 to ATTACHMENT 3.1-A
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PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

G. Payment Mechanism:

The State assures that payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other programs authorities for this same purpose.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (E) - CHILDREN'S SPECIAL SERVICES (CSS) TARGETED CASE MANAGEMENT

A. Target Groups

The Tennessee Department of Health has defined the target population as infants/children enrolled in the Children's Special Services Program (formerly known as the Crippled Children's Program). The target population includes Medicaid-eligible infants and children to age 21 who are physically handicapped or crippled by any reason of physical infirmity, whether congenital or acquired, as a result of accident, or disease, which requires medical, surgical, or dental treatment and rehabilitation, and is or may be totally or partially incapacitated for the receipt of a normal education or for self-support. This definition shall not include those children whose sole diagnosis is blindness or deafness; nor shall this definition include children who are diagnosed as psychotic. This definition may include children with acute conditions such as, but not necessarily limited to, fractures, burns, and osteomyelitis.

B. Areas Of State In Which Services Will Be Provided:

Entire State: X

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B). X

D. Definition of Services:

Targeted Case Management Services is a set of interrelated activities through which eligible individuals will be assisted in gaining access to needed medical, social, educational, residential, and other services. After a child is referred to CSS, an assessment is done to collect information required to identify client problems and services needed so that appropriate referrals and follow-up can be assured. The Individual Family Service Plan (IFSP) will be started at the time of application and will be continued at the initial home visit as well as at the regional clinic. Each eligible child will have a designated care coordinator who will serve as the one consistent link among all the agencies and professionals providing services to that particular patient.

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SUPPLEMENT 1 to ATTACHMENT 3.1-A
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CASE MANAGEMENT SERVICES

PROGRAM (E) - CHILDREN'S SPECIAL SERVICES (CSS) TARGETED CASE MANAGEMENT
(continued)

Once all the assessments have been completed, comprehensive data about the child will be available. This data will be used by the care coordinator to identify problems and to plan actions for eliminating or lessening them.

Specifically, CSS comprehensive case management will include the following:

1. Collection of assessment data to identify the child's service needs;
2. Development of an individual family service plan (IFSP) for each child;
3. Coordination of needed services and providers;
4. Home visits as indicated; and
5. Maintenance of case management records.

E. Qualifications of Providers:

1. Care coordinators will possess good knowledge of health and social agencies and community resources; excellent communication skills with both clients and other professionals; working knowledge of basic medical terminology; ability to establish and maintain effective working relations with others; ability to react calmly and effectively to patients and others in emergency situations; ability to participate in the preparation of a variety of standard operational records and reports; ability to express themselves clearly and concisely, both orally and in writing; ability to organize, implement and maintain a tracking system which assures that basic client needs are met.

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(continued)

The care coordinator must have graduated from an approved school of nursing and/or graduated from an accredited college or university with a Bachelor's Degree in a social or behavioral science. The care coordinator must meet the requirements of social counselor or social worker.

If the care coordinator is a graduate of an approved school of nursing, the person must also be licensed in the State of Tennessee.

2. Care Coordination Team must have written policies, procedures, ordinances, or rules and regulations to govern their internal operation at each site and must make and execute contracts or other instruments necessary for the exercise of their duties and responsibilities. These documents must include a plan of operation which facilitates interaction between the provider/Care Coordination Teams, the parent or custodian of the infant/child and all agencies involved in any aspect of the child's care.
3. CCT must comply with State and Federal laws governing the participation of providers in the Medicaid program.
4. CCT must be providers of Title V services or have an agreement with the State Title V agency for the provision of services.
5. CCT must have qualified staff for each Team.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's freedom of choice of providers, in violation of 1902(a)(23) of the Act. There will be no restriction on an eligible participant's choice of case management providers, nor will case management services restrict an individual's free choice of providers for other plan covered services.

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